

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. 09/254078	FILING DATE				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1			1				51				
2				1			52				
3				2			53				
4				2			54				
5				2			55				
6				2			56				
7				2			57				
8				2			58				
9				2			59				
10				2			60				
11				2			61				
12				2			62				
13				2			63				
14				2			64				
15				2			65				
16				2			66				
17				2			67				
18				2			68				
19				2			69				
20				2			70				
21				2			71				
22				①			72				
23				①			73				
24				①			74				
25							75				
26							76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.			1				TOTAL IND.				
TOTAL DEP.				42			TOTAL DEP.				
TOTAL CLAIMS				43			TOTAL CLAIMS				